SOUTHERNCROSS
HUMANITARIAN
10542 S. Jordan Gateway, Suite 200
Sandy, UT 84095

Child Sponsorship Form

Thank you for your desire to assist children-at-risk in South America. Depending on the level of support, your Child Sponsorship can provide housing, food & shelter for immediate needs as well as educational & medical attention to cultivate self-sustaining skills for productive futures. Sponsorship funds for children living in homes in Peru, Colombia & Ecuador provide the foundation for a child's second chance at life.

100% of child sponsorship money is used to take care of children, not overhead expenses.

$30 - Feeds a child for a month
$60 - Feeds 2-3 children for a month and/or provides educational or self-reliant skill training
$120 - Feeds 4 children, provides intern one-on-one care, higher educational and skill training
(See our website www.sxhu.org for full details regarding sponsorship opportunities.)

Sponsorship monies may be used to ensure and provide for the overall needs of more than 1 child. Please return the following information to: 10542 S. Jordan Gateway, Suite 200, Sandy, UT 84095 or FAX: 801-285-7923

Name(s):_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Home Phone#:_____ **Cell or Work Phone#:** _____

Email Addresses: _____, _____

Sponsorship Levels:

(1) $_____ - One-Time Contribution (Please complete Payment section below for Check or CC)

(2) General Monthly Sponsorship (Any amount is appreciated)

$_____ Per Month [ ] ON-GOING (or) until ___/___/___ (Please complete Payment section below)

Child to Sponsor:
[ ] Please assign a child who needs a sponsor
[ ] Child Preferences: 1:_____ 2:_____
(If a child is placed or returns to live with relatives, a new child will be assigned.)

PAYMENTS may be made Monthly, Quarterly, Yearly or as desired:

. [ ] **Mail your check directly to Southern Cross Humanitarian**, 10542 S. Jordan Gateway, Suite 200, Sandy, UT 84095.
$_____ for _____ months of Sponsorship.

. [ ] **Automatic check mailed monthly** directly to Southern Cross: (Please contact your own bank to set this up)

. [ ] **VISA, MasterCard, Amex or Discover automatic payments:**

Name as Shown on the Card:_____Card # _____

Exp Mo/Yr: ___/___ Auth Code: ____ $_____ (Circle One): Monthly, Quarterly; One Time Only [ ] **ON-GOING** (or) until this date ___/___/___. **OR** $_____ (Annual Payment in Full)

Authorized Signature: _____

Southern Cross Humanitarian is a 501(c)(3) non-profit public charity, Federal Tax ID 11-3745422.
No goods or services were received in consideration of this gift.